October 2, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.1039.01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. A physician Board Certified in Anesthesiology and Chronic Pain Medicine reviewed your case.

The physician reviewer **DISAGREES** with the determination of the insurance carrier. The reviewer is of the opinion that a trial of spinal cord stimulator **IS MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 2, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1039-01, in the area of Chronic Pain Medicine. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of trial spinal cord stimulator.
2. Correspondence.
3. History and physical and office notes of 2002.
4. History and physical and office notes of 2001.
5. History and physical and office notes of 2000.
6. Operative report.
7. Radiology report.

B. BRIEF CLINICAL HISTORY:

The claimant suffered a fall in the workplace on ___. The claimant apparently subsequently developed a pain problem associated with that upper extremity. The painful condition persisted in spite of numerous trials of medical therapy, interventional pain procedures, and carpal tunnel

release. In fact, the severity of the problem increased, affecting mobility of that extremity and also extending into the proximal area of the upper extremity. A diagnosis of complex regional pain syndrome was offered, and there is indication that a posterior sympathetic block offered substantial relief. Trial spinal cord stimulator has been suggested.

C. DISPUTED SERVICES:

Spinal cord stimulator trial.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. A TRIAL OF A SPINAL CORD STIMULATOR IS INDICATED AND MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

As demonstrated in literature provided within this report, treatment of a complex regional pain syndrome should occur without delay in order to insure greater likelihood of a favorable outcome. It would seem apparent from the claimant's course that more conservative measures have been exhausted, without providing relief in the ongoing condition. Further, the claimant would appear to have progressively advancing symptomatology. It is substantially maintained, within the Interventional Pain Medicine literature, that such an approach is, at this point, logical, reasonable, and should be performed without further delay.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I

may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 27 September 2002